## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER 1"AMENDMENT 1 "AMERIMENT AS FILED AFTER CAMEDOMENT IND. DEP. IND. 1 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ID <u>37</u>

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